W2210009532

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(City State Lip), Note by
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
,	
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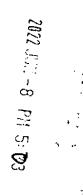


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TALLAHASSEE, FLOR.



S. FRANKLIN
JUN 2 0 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195		
REFERENCE : 730216 4808124		
AUTHORIZATION: Spullelena		
COST LIMIT : \$ 125.00		
ORDER DATE : June 7, 2022		
ORDER TIME : 4:40 PM	2022	
ORDER NO. : 730216-005	2 તુક	
CUSTOMER NO: 4808124	00	
	PH 5: 7 3	
FOREIGN FILINGS		
NAME: INTENTIONS LIMITED LIABILITY		
COMPANY		
XXXX QUALIFICATION (TYPE: <u>LL</u>)		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Eyliena Baker EXT#		

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 618.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: INTENTIONS LIMITED LIABILITY COMPANY (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Ten Intentions Limited Liability Company (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "L.L.C.") DELAWARE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 603 0904 & 603 0905, F.S. to determine penalty liability) 2669 S BAYSHORE DR,UNIT 702 2669 S BAYSHORE DR,UNIT 702 (Street Address of Principal Office) (Mading Address) MIAMI, FL 33133 MIAMI, FL 33133 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: 32301 Tallahassee . Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company Assistant Vice President Ву:

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Colleen Wachob Jason Wachob Name: □Manager Name: □Manager 2669 S BAYSHORE DR, 2669 S BAYSHORE DR. Address: ■ Member **B**Member Address: **UNIT 702 UNIT 702** □ Authorized □ Authorized MIAMI, FL 33133 MIAMI, FL 33133 Person Person Other_____ Other Other ____ Other_ Name: _____ □Manager Name: □ Manager □Member Address: ☐ Member Address: _____ □ Authorized □ Authorized Person Person □Other____ Other Other_ Other_ Name: ☐Manager ■ Manager Address: _____ □ Member Address: ___ □Member □ Authorized □ Authorized Person Person □Other____ □Other_____ Other_ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. IVANA CURIC

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INTENTIONS LIMITED LIABILITY COMPANY"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTENTIONS

LIMITED LIABILITY COMPANY" WAS FORMED ON THE TWENTY-EIGHTH DAY OF

OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203617503

Date: 06-07-22

6345313 8300

SR# 20222649051



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2022

CSC

RESUBMIT

Please give original submission date as file date.

6/8/22

SUBJECT: INTENTIONS LIMITED LIABILITY COMPANY Ref. Number: W22000077059

We have received your document for INTENTIONS LIMITED LIABILITY COMPANY and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Consina Griffin-Greaux Regulatory Specialist II

Letter Number: 722A00012932

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